

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>		2-1-00
O.I.P.E. CLASSIFIER	<i>MS</i>	45	2/15/02
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		6-16-94	4-7

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	03/10/00
2	03/10/00
3	03/10/00
4	03/10/00
5	03/10/00
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31	03/10/00
32	03/10/00
33	03/10/00
34	03/10/00
35	03/10/00
36	N
37	N
38	03/10/00
39	03/10/00
40	N
41	N
42	03/10/00
43	03/10/00
44	03/10/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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